


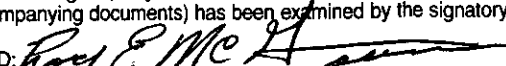

FORM LM-3 LABOR ORGANIZATION ANNUAL REPORT

Form Approved
Office of Management and Budget
No. 1215-0188
Expires 07-31-2004

FOR USE BY LABOR ORGANIZATIONS WITH LESS THAN \$200,000 IN TOTAL ANNUAL RECEIPTS

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only 		1. FILE NUMBER 507-027	2. PERIOD COVERED MO DAY YEAR From 01 01 2002 Through 12 31 2002	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here:
LEONARD GOLDEN HOTEL EMPL, RESTAURANT EMPL AFL-CIO LU 29 190 PLAIN ST LOWELL, MA 01852 11111111111111111111		(3) 507-027 110 12/2002	8. MAILING ADDRESS (Type or print in capital letters.) First Name Last Name P.O. Box • Building and Room Number (if any) Number and Street City State ZIP Code + 4	
4. AFFILIATION OR ORGANIZATION NAME		6. DESIGNATION NUMBER		
5. DESIGNATION (Local, Lodge, etc.)		7. UNIT NAME (if any)		
9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 56.)		Yes <input checked="" type="checkbox"/> No		
56. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)				
Item Number				
Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)				
57. SIGNED:  11 24 03 (978) 454-6867 Date Telephone Number		PRESIDENT (If other title, see instructions.)		58. SIGNED:  01 24 03 (978) 454-6867 Date Telephone Number
		TREASURER (If other title, see instructions.)		



During the Reporting Period Did Your Organization:

- | | | |
|--|-----|----|
| | Yes | No |
| 10. Have a "subsidiary organization" as defined in Section X of the instructions? | | X |
| 11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? | | X |
| 12. Have a political action committee (PAC) fund? | | X |
| 13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? | | X |
| 14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? | | X |
| 15. Discover any loss or shortage of funds or other property?
(Answer "Yes" even if there has been repayment or recovery.) | | X |
| 16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? | | X |
| 17. Pay any employee salary, allowances, and other expenses which, together with any payments from affiliates, totaled more than \$10,000? | | X |
| 18. Have loans totaling more than \$250 to any officer, employee, or member, or make any loans to a business enterprise? | | X |

(If the answer to any of the above questions is "Yes," provide details in Item 56 on page 1 as explained in the instructions for each item.)

19. How many members did your organization have at the end of the reporting period? 21
20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 500 000
21. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions? Yes No
(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.) X
22. What is the date of your organization's next regular election of officers? MO YEAR
01 2004
23. What are your organization's rates of dues and fees?
(Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees	
(a) Regular Dues/Fees	\$ 20 ⁰⁰ per month (Month, Year, etc.)
(b) Initiation Fees	\$ 35 ⁰⁰
(c) Transfer Fees	\$ 0
(d) Work Permits	\$ 0 per 0 (Month, Year, etc.)

24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

Enter Amounts in Dollars Only — Do Not Enter Cents

FILE NUMBER: 507-027

(A) Name (List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	Total (F)
(B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)	Status (C)*			
1. Last Name: MCGAUNN First Name: ROY Title: PRESIDENT Status: C		0	0	0
2. Last Name: GOLDEN First Name: LEONARD Title: BUS-AGENT/TREASURER Status: C		0	0	0
3. Last Name: CIFLLI First Name: COLLENE Title: RECORDING-SEC-Y Status: C		0	90	90
4. Last Name: NIELSEN First Name: LAWRENCE Title: TRUSTEE Status: C		0	0	0
5. Last Name: BURNS First Name: THOMAS Title: EX-BOARD Status: C		0	0	0
6. Last Name: ROBERTS First Name: KIMBERL Title: VICE-PRESIDENT Status: C		0	0	0
7. Last Name: [Blank] First Name: [Blank] Title: [Blank] Status: [Blank]				
8. Totals from additional pages (if any)				0
9. Totals of Lines 1 through 8				890.00
10. Less Deductions				0
Enter the Total from Line 11 in Item 45 ⇨		11. Net Disbursements 890.00		

*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 56 on page 1.)

Enter Amounts in Dollars Only — Do Not Enter Cents

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STATEMENT A ASSETS AND LIABILITIES	ASSETS	Start of Reporting Period (A)	End of Reporting Period (B)	LIABILITIES	Start of Reporting Period (C)	End of Reporting Period (D)
	Item			Item		
	25. Cash	700	25	32. Accounts Payable	84658	87992
	26. Loans Receivable	0	0	33. Loans Payable	0	
	27. U.S. Treasury Securities	0	0	34. Mortgages Payable	0	
	28. Investments	0	0	35. Other Liabilities	87300	106500
	29. Fixed Assets	100	75	36. TOTAL LIABILITIES	171958	194492
	30. Other Assets	0	0			
	31. TOTAL ASSETS	800	100	37. NET ASSETS (Item 31 less Item 36)	171158	194392

STATEMENT B RECEIPTS AND DISBURSEMENTS	CASH RECEIPTS	AMOUNT	CASH DISBURSEMENTS	AMOUNT
	Item		Item	
	38. Dues	4880	45. To Officers (from Item 24)	90
	39. Per Capita Tax	0	46. To Employees (less deductions)	0
	40. Fees, Fines, Assessments & Work Permits	0	47. Per Capita Tax	575
	41. Interest & Dividends	1	48. Office & Administrative Expense	1281
	42. Sale of Investments & Fixed Assets	0	49. Professional Fees	0
	43. Other Receipts	0	50. Benefits	3570
	44. TOTAL RECEIPTS	4881	51. Contributions, Gifts & Grants	
	<p>If total receipts reported in Item 44 are \$200,000 or more, your organization must file Form LM-2 instead of this form.</p>		52. Purchase of Investments & Fixed Assets	
			53. Loans Made	
			54. Other Disbursements	40
			55. TOTAL DISBURSEMENTS	5556